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|--|---|----------------------------|---------------------------|---------------------------------------|------------------------|--------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Application Num | Application Number 1 | | 10/618,699-Conf. #4919 | | |
| FEE TRANSMITTAL | | Filing Date | | | July 15, 2003 | | |
| | | First Named Inv | First Named Inventor Masa | | asaya TAMARU | | |
| For FY 2007 | | Examiner Name | Examiner Name C. S. Y | | S. Yoder | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | Art Unit | Art Unit 2 | | 2622 | | |
| TOTAL AMOUNT OF PAYMENT (\$) 910.00 | | Attorney Docket | Attorney Docket No. 0 | | 0649-0900P | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| F | | EARCH FEES | EXAMIN | ATION FEES | | | |
| Application Type Fee (S | Small Entity S) Fee (\$) Fee | Small Entity (\$) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees P | aid (\$) | |
| Utility 300 | 150 50 | | 200 | 100 | | | |
| Design 200 | 100 10 | | 130 | 65 | | | |
| Plant 200 | 100 30 | | 160 | 80 | | | |
| Reissue 300 | 150 50 | | 600 | 300 | | | |
| Provisional 200 | | 0 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | · · | Ū | Ū | | Small Entity | |
| Fee Description Fee (\$) | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | 50 | 25 | |
| Each independent claim over 3 (including Reissues) | | | | 200 | 100 | | |
| Multiple dependent claims | | | | 360 | 180 | | |
| Total Claims | | Paid (\$) | (\$) Multiple Dependent | | ent Claims | | |
| 6 - 20 = | | | <u>Fee</u> |) (\$) | Fee Paid (\$) | | |
| HP = highest number of total claims paid fo | | D-14 (A) | | | | _ | |
| Indep. Claims Extra Claims 3 -6 = | <u>Fee (\$) </u> | Paid (\$) | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
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| Non-English Specification, \$130 fee to small entity discount) | | | | | | | |
| Other (e.g., late filing surchares) 1990.00 Other (e.g., late filing surchares) 1990.00 | | | | | | | |
| Extension for response within first month 120.00 | | | | | | | |
| SUBMITTED BY | | | | | | | |
| Signature Registration No. (Attorney/Agent) | | | 29,680 | Telephone | (703) 205-8000 | | |
| Name (Print/Type) Michael K Mutter | | | | Date September 4, 2007 | | | |
| The state of the s | | | | 20.0 | Schreitings | 7, 2001 | |

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